

| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL | | Application No. | 09/358,321 |
|--|--|------------------------|---------------------|
| | | Filing Date | 07/21/1999 |
| | | First Named Inventor | Kitisri Sukhapinda |
| | | Group Art Unit | 1638 |
| | | Examiner Name | Collins, Cynthia E. |
| | | Attorney Docket No. | 50,447 |
| | | Express Mail Label No. | sent via fax |

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application. Note: 37 CFR §1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 CFR §1.53(d) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA.

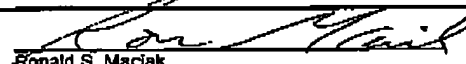
- Submission required under 37 CFR §1.114**
 - Previously submitted**
 - ☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____
(any unentered amendment(s) referred to above will be entered)
 - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - ☐ Other: _____
 - Enclosed**
 - ☒ Amendment/Reply
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement (IDS)
 - ☐ Other: _____
- Miscellaneous**
 - ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR §1.17(f) required)
 - ☐ Other: _____
- Fees** (The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.)
 - ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No. 04-1529
 - ☒ RCE fee of \$770.00 required under 37 CFR §1.17
 - ☒ Three month extension of time fee of \$950.00 (37 CFR §§ 1.136 and 1.17)
 - ☐ Other _____
 - ☐ Check in the amount of \$ _____ enclosed
 - ☐ Payment by credit card (Form PTO-2038 enclosed)

NEW CORRESPONDENCE ADDRESS

☒ Customer Number 25212 or ☐ Correspondence address below

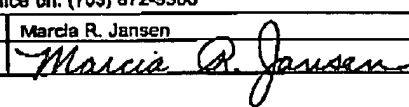
| | | | |
|---------|-------|----------|--|
| NAME | | | |
| ADDRESS | | | |
| CITY | STATE | ZIP CODE | |

SIGNATURE OF ATTORNEY/AGENT REQUIRED

| | | | |
|------------------|---|--|--|
| SIGNATURE |  | | |
| NAME | Ronald S. Maciak | | |
| REGISTRATION NO. | 35,262 | | |
| DATE | December 2, 2003 | | |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent & Trademark Office on: (703) 872-9306

| | | | |
|-----------|---|------|------------------|
| NAME | Marcia R. Jansen | | |
| SIGNATURE |  | DATE | December 2, 2003 |

If this RECEIPT is included with a request for a RCE filed by facsimile transmission, it will be date stamped and mailed to the ADDRESS in item 1.

1. ADDRESS

Applicant's Mailing Address for this receipt must be CLEARLY PRINTED or TYPED in the box below.

Dow AgroSciences LLC
Patent Section
9330 Zionsville Road
Indianapolis, Indiana 46268-1054

NOTE: By this receipt, the PTO (a) acknowledges that a request for a RCE was filed by facsimile transmission on the date stamped below by the PTO and (b) verifies only that the application number provided by the applicant on this receipt is the same as the application number provided on the accompanying request for a RCE. This receipt CANNOT be used to acknowledge receipt of any paper(s) other than the request for a RCE.

2. APPLICATION IDENTIFICATION:

(Provide at least enough information to identify the application)

a. For prior application

Application No: 09/358,321

Filing Date: 07/21/1999

Title: ANTIBODY-MEDIATED DOWN-REGULATION OF PLANT PROTEINS

Attorney Docket No: 50,447

First Named Inventor: Kittiri Sukhapinda

b. For instant RCE application

New Attorney Docket No: _____
(if applicable)

The PTO date stamp, which appears in the box to the right, is an acknowledgment by the PTO of receipt of a request for a RCE filed by facsimile transmission on the date indicated below.

(THIS AREA FOR PTO DATE STAMP USE)

PTO HANDLING INSTRUCTIONS:

Please stamp area to the right with the date the complete transmission of the request for a RCE was received in the PTO and also include the PTO organization name that provided the date stamp (stamp may include both items). Verify that the application number provided by applicant on this receipt is the same as the application number provided by applicant on the request for a RCE accompanying this receipt. If there is an inconsistency between the application number provided on this receipt and the request for a RCE, strike through the inconsistent application number provided on this receipt and insert the correct application number, if possible. Then place in a window envelope and mail.